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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/124,180 07/28/1998 ABN
 which is a CIP of 09/019,070 02/05/1998 ABN
 which is a CIP of 08/862,445 05/23/1997 ABN
 which is a CIP of 08/847,910 04/28/1997 ABN
 which is a CIP of 08/795,071 02/05/1997 PAT 5,994,618
 which is a CIP of 08/525,596 10/26/1995 PAT 5,827,733

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 09/13/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

PROMYOSTATIN PEPTIDES AND METHODS OF USING SAME

FILING FEE RECEIVED 657	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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